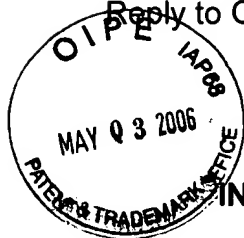


Appl. No. 09/718,500

Amdt. Dated May 2, 2006

Reply to Office Action of March 14, 2006



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : **DEMBO, Ron S.**
MAUSSER, Helmut

Appl. No. : 09/718,500
Filed : November 24, 2000
Title : Method of Portfolio Valuation

Grp./A.U. : 3624
Examiner : Ella Colbert

Docket No. : 11483-80

Honorable Commissioner of Patents
PO Box 1450
Alexandria, Virginia 22313-1450

May 2, 2006

AMENDMENT

Sir:

This amendment is filed in response to the office action dated March 14, 2006.


Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this amendment.

Remarks begin on page 14 of this amendment.

1 FW
3624

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/718,500
	Filing Date	November 24, 2000
	First Named Inventor	DEMBO, Ron S. et al.
	Art Unit	3624
	Examiner Name	n/a
Total Number of Pages in This Submission	Attorney Docket Number	11483-80

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return receipt card
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Bereskin & Parr		
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